Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0780122	MOUNT HOPE MONTESSORI SCHOOL				NTNC	88	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
48 BASSETTS BE	RIDGE ROAD	Connections	1					

Towns Served: MANSFIELD			·
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		
	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		
	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0780122	MOUNT HOPE MONTESSORI SCHOOL				NTNC	88	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
48 BASSETTS BE	RIDGE ROAD	Connections	1					

Towns Served: MANSFIELD

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION EXEMPTION	3/1/2018							

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW003	KITCHEN SINK	Α	Υ				
		MW003-S	KITCHEN SINK	Α	Υ	1	Υ		
		MW004-DB	DOWNSTAIRS BATHROOM	Α	Υ	1			
		MW005-FCB	FRONT CHILD'S BATHRO	Α	Υ	1			
		MW006-S	REAR CLASSROOM SINK	Α	Υ	1			
		MW027-AB	ADULT BATHROOM	Α	Υ	1			
		MW027-DCH	DOWNSTAIRS CHILD	Α	Υ	1			
		MW027-DCL	DOWNSTAIRS CLASS	Α	Υ	1	Υ		
		MW027-R	RESOURCE ROOM	Α	Υ	1			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10371	WELL	2	WELL	Α					

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM						
Operator Name	Operator Type	Certification(s)	Expiration			
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021			
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021			
LAFRAMBOISE, JEFFREY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020			

ENTONO ISE, SELLINET									
				Contact Inf	formation				
Name				Organization	า			Job Title	
Mr. Avery Lenhart				Mount Hope Montessori School I					
Mailing Address Lin		Mailing Address Line Two				City	State	Zip Code	
P.O. Box 267						Mansfie	ld Center	СТ	06250
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-423-1070						mthopemontessori@snet.net			
Contact Role(s): A	dministrative Co	ntact Lea	al Contac	t Owner	•				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quarty momentum and domphanee beneaute									
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
CT0780122 MOUNT HOPE MONTESSORI SCHOOL			NTNC	88	Р	GW			
Local Address (\	Local Address (where applicable) Service			ntial Commerci	al Industri	ial Combine	ed Agricultural		
48 BASSETTS BRIDGE ROAD		Connections	1						
Towns Served: I	MANSFIELD								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0780752	MANSFIELD PROFESSIONAL PARK				NTNC	100	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
11, 22, 28, & 34	EAST PARK ROAD	Connections	4					

Towns Served: MANSFIELD			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
• •	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		•
	-, -, -· , , -		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0780752	MANSFIELD PROFESSIONAL PARK				NTNC	100	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
11, 22, 28, & 34	EAST PARK ROAD	Connections	4					

Towns Served: MANSFIELD

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Organic Chemicals (VOCS) 1 routine (RT)								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete					
	1/1/20 - 12/31/22							

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	5/6/2014							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018							
CROSS CONNECTION EXEMPTION	3/1/2021							

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		MPP001	B1 DS LADIES ROOM	Α	Υ	2	Υ				
		MPP002	B1 DS MENS ROOM	Α	Υ	2					
		MPP003	B1 US LADIES ROOM	Α	Υ	2					
		MPP004	B1 US MENS ROOM	Α		2					
		MPP005	MED BLDG STAFF BATH	Α	Υ	2	Υ				
		MPP006	MED BLDG WAIT RM	Α	Υ	2	Υ				
		MPP007	B3 DS LADIES ROOM	Α	Υ	2	Υ				
		MPP008	B3 DS MENS ROOM	Α		2					
		MPP009	B3 US LADIES ROOM	Α		2					
		MPP010	B3 US LADIES ROOM	Α	Υ	2					
		MPP011	B3 DS UNISEX BR	Α	Υ	2	Υ				
		MPP012	B3 US UNISEX BR	Α	Υ	2	Υ				
		MPP015 A	B3 HANDICAP BR	1	Υ						
		MPP016	B3 OUTSIDE FAUCET	1	Υ						
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
10372	WELL	2	WELL	Α							

10372 WLLL	2	VVLLL	^					
Certified Operator Information								
Water System Facility:	DISTRIBUTION SYSTEM (WS	F ID: 00600)						
Facility Classification: SN	MALL WATER SYSTEM			Certification				
Operator Name	Operator	Гуре	Certification(s)	Expiration				
FALLON, IRVING W.	CHIEF OPER	ATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2019				
			DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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	PWS Name	Classification	Population	Owner Type	Primary So				
Water Quality Monitoring and Compliance Schedule									
	Connecticut Department of Public Health Drinking Water Section								

PWS ID	PWS Name			Cla	ssification P	opulation	Owner Type	Primary Source
CT0780752	MANSFIELD PROFESSIONAL PARK				NTNC	100	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercial	Industri	al Combine	ed Agricultural
11, 22, 28, & 34	FAST PARK ROAD	Connections	4					

Towns Served: MANSFIELD

				Co	ntact Inf	ormation						
Name					Organization		Job Title					
Mr. E. Barry Smith	mith M P Park LLC											
Mailing Address Lin	e One		Mailing A	Addre	ess Line Two		City			Zip Code		
P.O. Box 476							Storrs		СТ	06268		
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	Email Address					
860-429-8891		860-429-	6857			860-420-9053 tmco			p@tmcorp.info			
Contact Role(s): A	dministrative	Contact										
Name					Organization				Job Title			
Mr. Michael M. Tay	/lor				M P Park LLC	M P Park LLC						
Mailing Address Lin	e One		Mailing A	Addre	ess Line Two			City	State	Zip Code		
12 Stonemill Road						Storrs		СТ	06268			
Business Phone	Extension	Fax		Мо	bile Phone	Emergency Phone	e Email Address					
860-429-8891												
						-1						

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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PWS ID PWS Name C			Cla	ssification	Population	Owner Type	Primary Source	
CT0781192	PERKINS CORNER				NTNC	45	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
10 HIGGINS HW	Y (JCT RT 31 & RT 32)	Connections	1					

Towns Served: MANSFIELD			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 rd	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/17	6/1-9/30	Complete
	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19	_	
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 rd	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Pesticides, Herbicides and PCBs-Phase II (SOC2)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

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PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781192	PERKINS CORNER				NTNC	45	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial	Commercia	al Industri	al Combine	ed Agricultural
10 HIGGINS HW	Y (JCT RT 31 & RT 32)	Connections	1					

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

water system raciney. Entries control					
Organic Chemicals (VOCS) 1 routine (R					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/17 - 12/31/19				
	1/1/20 - 12/31/22				

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2013								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2014								
CROSS CONNECTION EXEMPTION	3/1/2015								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2016								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018								

Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage ? DBPR
00600	DISTRIBUTION SYSTEM	1 4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		PBR001	SUITE 8 LAV	Α	Υ	1			
		PBR002	SUITE 8 BATHROOM	Α	Υ	1			
		PBR003	SUITE 8 KITCHENETTE	Α	Υ	1			
		PBR004	SUITE 9 KITCHENETTE	Α	Υ	1			
		PBR005	SUITE 9 LAV	Α	Υ	1			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10373	WELL	2	WELL	Α					
5/6/1	BLADDER TANK								

54641 BLADDER TANK

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM	M		Certification
Operator Name	Operator Type	Certification(s)	Expiration
RICH, PETER W.	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR CONDITIONAL	12/31/2019

ration, refer to	CITIES OF ENVIRON	31117122 117112	IN STOTE IN OF EIN	, O CO	D11101014	12/31/2013
	Conta	act Information				
Name	Orga	nization			Job Title	
Mr. Peter W. Rich	Perk	ins Corner				
Mailing Address Line One	Mailing Address L	ine Two		City	State	Zip Code
42 Fern Road			Storrs		СТ	06268

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtment of	Public I	Health	Drir	ıking	g Water	Section	
	Wa	ter Qual	lity Monito	oring an	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0781192	CT0781192 PERKINS CORNER					NT	NC	45	Р	GW
Local Address (where applicable) Service				Residen	itial Co	mmerci	al Industri	al Combine	ed Agricultural	
10 HIGGINS HWY	' (JCT RT 31 & RT	32)		Connections	s 1					
Towns Served: N	1ANSFIELD				·	·		·	·	
Business Phone	e Extension	Fax	Mobile	e Phone	Emergency	/ Phone	Email A	Address	0.	00200
860-423-6335							prich6	735@charte	r.net	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781202	MANSFIELD SHOPPING CENTER				NTNC	30	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
591 MIDDLE TU	RNPIKE	Connections	9					

Towns Served: MANSFIELD			1
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 6/30/18		Complete
	7/1/18 - 12/31/18		
	1/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Di(2-Ethylhexyl) - Phthalate (2039)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		·
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 ro	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		r
	1/1/19 - 12/31/19		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781202	MANSFIELD SHOPPING CENTER				NTNC	30	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
591 MIDDLE TU	RNPIKE	Connections	9					

Towns Served: MANSFIELD

Monitoring Requirements										
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/17 - 12/31/19									
	1/1/20 - 12/31/22									
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/17 - 12/31/19									
	1/1/20 - 12/31/22									
Organic Chemicals (VOCS)		1 routine (RT) per three years								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/17 - 12/31/19									
	1/1/20 - 12/31/22									

Other Compliance Schedules

Compliance Schedule Activity

CROSS CONNECTION SURVEY REPORT

3/1/2019

Water System	Facility and	Sampling P	oint Inv	entory
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		-				-			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility IE		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	. DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		CM001	GROCERY STORE	Α	Υ				
		CM002	OPTOMETRIST SINK	Α	Υ				
		CM003	RESTAURANT SINK	Α	Υ				
		CM004	PACKAGE STORE SINK	Α	Υ				
		CM005	DENTIST	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		LN003	RESTAURANT HAND SINK	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10374	WELL	2	WELL	Α					
54818	RI ADDER TANK								

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

R SYSTEM		Certification
Operator Type	Certification(s)	Expiration
CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020
	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2019
	CHIEF OPERATOR	Operator Type Certification(s) CHIEF OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS III ASSIGNED OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS II

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0781202	MANSFIELD SHOPPING CENTER				NTNC	30	Р	GW	
Local Address	Service	Residen	ntial Commerc		al Industri	al Combine	ed Agricultural		
591 MIDDLE T	URNPIKE	Connections	9						

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANSFIELD

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name

Operator Type

Certification(s)

Expiration

Operator Name			Operat	tor Type	Certification(s)				Expiration
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Chen H Jia				Ruihe Develo	opment, LLC		Member		
Mailing Address Lin	ie One		Mailing A	Address Line Two			City	State	Zip Code
12 Hillyndale Road						Storrs CT		06268	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	E Email Address			
860-771-3848		860-771-	3848		800-931-4442	jiahe8033@gmail.com			
Contact Role(s): A	dministrative	Contact, Ow	ner						
Name				Organization	1			Job Title	
Mr. Ying J Zhuo				Ruihe Develo	opment, LLC		Administra	tive	
Mailing Address Lin	ie One		Mailing A	Address Line Two			City	State	Zip Code
82 Voillage St						Vernon		СТ	06066
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-771-3848		860-786-	4013		860-876-2608	yingjiao2	2016@gmail	.com	
Contact Bolo/s): Le	agal Cantact	1			- 1				

Contact Role(s): Legal Contact

Schedule Generation Date: 10/30/2018

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781212	GOODWIN ELEMENTARY SCHOOL				NTNC	340	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
321 HUNTING LO	DDGE ROAD	Connections	1					

Towns Served: MANSFIELD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT - WELLS #1 & #4 (WSF I	D: 00701)		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 1 & 4 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 1 & 4 (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 1 & 4 (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 1 & 4 (3)	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 1 & 4 (3)	1/1/17 - 12/31/19		
· · · · · · · · · · · · · · · · · · ·			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781212	CT0781212 GOODWIN ELEMENTARY SCHOOL				NTNC	340	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
321 HUNTING LODGE ROAD		Connections	1					

Towns Served: MANSFIELD

Monitoring Requirements

Water System Facility: ENTRY POINT - WELLS #1 & #4 (WSF ID: 00701)

Organic Chemicals (VOCS) 1 routine (RT) per three years

Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status

1/1/20 - 12/31/22

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2010	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Public Notification Requirements							
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Water Quality Parameters - Basic M&R Violation	1/1/03 - 12/31/03		4/19/2005		4/29/2005		

Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point System **Coliform** Copper Stage Facility ID ID **Description** Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** Υ 4-1 KIT SINK UNDER PAPER Α Υ 2 4-2 2 **ROOM 21 SINK (00600)** Α Υ 4-3 ROOM 13-2ND SINK (00 Υ 2 4-4 **ROOM 10 SINK (00600)** 2 Υ Α 4-5 OFFICE WORK ROOM SIN DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00701 ENTRY POINT - WELLS #1 & #4 3 **EP - WELLS 1 & 4** Α 10375 WELL #1 2 WELL#1 Α 53663 WELL#4 2 WELL#4 Α 53665 ATMOSPHERIC TANK **PUMP STATION** 53667 53669 **BLADDER TANKS**

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM						
Operator Name	Operator Type	Certification(s)	Certification Expiration			
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020			
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2020			
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2019			
CORSON, ALLEN	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2021			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule								
PWS ID PWS Name Classification Population Owner Type Primary Sc						Primary Source		
CT0781212	GOODWIN ELEMENTARY SCHOOL				NTNC	340	L	GW
Local Address (where applicable) Service Reside				ntial	Commerci	al Industri	al Combine	ed Agricultural
321 HUNTING LODGE ROAD Connections 1								

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name		Organization Job Tit					Job Title		
Mr. Mathew W Hai	rt			Town of Mar	nsfield	Towi	n Manager		
Mailing Address Lin	e One		Mailing	Address Line Two		City	/ State	Zip Code	
4 South Eagleville R	d		Audrey	P Beck Municipal I	Building	Mansfield	СТ	06268	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): Le	egal Contact								
Name				Organization	l		Job Title	9	
Mr. Frederick A. Ba	ruzzi			Mansfield Pu	ıblic Schools	Supe	rintendent		
Mailing Address Lin	e One		Mailing	Mailing Address Line Two			/ State	Zip Code	
4 South Eagleville R	oad					Storrs Mansfie	eld CT	06268	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-429-3350		860-429-3	3379		860-429-3350	baruzzifa@ma	fa@mansfieldct.org		
Contact Role(s): O	wner								
Name				Organization	1		Job Title	9	
Mr. Bill J. Trietch				Town of Mar	nsfield	Depu	ıty Dir. Facility		
Mailing Address Lin	e One		Mailing	Mailing Address Line Two		City	/ State	Zip Code	
4 South Eagleville R	oad			M		Mansfield	СТ	06268	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address	,		
860-429-3322		860-487-4	1443		860-234-1854	TrietchWJ@m	ansfieldct.org		
Contact Role(s): A	dministrative	Contact	<u> </u>		·	•			

Please note the following:

Towns Served: MANSFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS ID PWS Name Cla			Cla	ssification	Population	Owner Type	Primary Source
CT0781233	SOUTHEAST SCHOOL				NTNC	311	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
134 WARRENVII	LE ROAD	Connections	1					

Towns Served: MANSFIELD

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT - WELLS 2 & 3 (WSF ID	: 00701)		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 3 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID	PWS ID PWS Name Cla			Cla	ssification	Population	Owner Type	Primary Source
CT0781233	SOUTHEAST SCHOOL				NTNC	311	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
134 WARRENVII	LE ROAD	Connections	1					

Towns Served: MANSFIELD

CROSS CONNECTION SURVEY REPORT

Monitoring I	Requirements		
Water System Facility: ENTRY POINT - WELLS 2 & 3 (WSF ID:	00701)		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 3 (3)	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete

1/1/19 - 3/31/19 4/1/19 - 6/30/19

3/1/2020

10/1/18 - 12/31/18

Other Compliance Sch	edules	
Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2010	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	

	Wate	r System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		age DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	BOYS ROOM	Α	Υ	2			
		4-2	GIRLS ROOM	Α	Υ	2			
		4-3	ROOM #18	Α	Υ	2			
		4-4	TEACHER S LOUNGE	Α	Υ	2			
		4-5	KITCHEN HAND SINK	Α		2			
		4-6	NURSE'S OFFICE	Α	Υ	2	Υ	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00701	ENTRY POINT - WELLS 2 & 3	3	EP - WELLS 2 & 3	Α					
53310	WELL 2	2	WELL 2	Α					
53312	WELL 3	2	WELL 3	Α					
53314	ATMOSPHERIC TANK								
53316	PUMP STATION								
53318	BLADDER TANK								

	Certified Opera	tor information	
Water System Facility: DIST	RIBUTION SYSTEM (WSF ID: 00600	0)	
Facility Classification: SMALL W	/ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2020
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2019

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Qualit	y Monitoring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781233	CT0781233 SOUTHEAST SCHOOL				NTNC	311	L	GW
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
134 WARRENVILLE ROAD		Connections	1					
i								

Connecticut Department of Public Health Drinking Water Section

Towns Served: MAN	ISFIELD							'
			Cer	tified Operate	or Information			
Water System Fac	ility: DISTR	IBUTION SY	STEM	(WSF ID: 00600)				
Facility Classification	n: SMALL WA	TER SYSTEM	1					Certification
Operator Name			Oper	ator Type	Certification(s)			Expiration
CORSON, ALLEN			ASSIGN	IED OPERATOR	SMALL WATER SYS	TEM OPERATO)R	6/30/2021
				Contact Info	ormation			
Name				Organization	ı		Job Title	<u>;</u>
Mr. Gordon Schimr	nel			Mansfield Pu	ıblic Schools	Sup	erintendent	
Mailing Address Lin	e One		Mailing	Address Line Two		Cit	y State	Zip Code
4 South Eagleville R	oad					Storrs	СТ	06268-2222
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Addres	s	
860-429-3350		860-429-3	3379			schimmel@n	eca.com	
Contact Role(s): Le	gal Contact							
Name				Organization]	Job Title		
Mr. Mathew W Hai	t			Town of Mar	nsfield	Tow	n Manager	
Mailing Address Lin	e One		Mailing	Address Line Two		Cit	y State	Zip Code
4 South Eagleville R	d		Audrey	P Beck Municipal E	Building	Mansfield	СТ	06268
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Addres	S	
Contact Role(s): Le	gal Contact							
Name				Organization	1		Job Title	<u>;</u>
Mr. Frederick A. Ba	ruzzi			Mansfield Pu	ıblic Schools	Sup	erintendent	
Mailing Address Lin	e One		Mailing	Address Line Two		Cit	y State	Zip Code
4 South Eagleville R	oad					Storrs Mansfi	eld CT	06268
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Addres	S	
860-429-3350		860-429-3	3379		860-429-3350	baruzzifa@m	ansfieldct.org	
Contact Role(s): O	wner							
Name				Organization	1		Job Title	9
Mr. Bill J. Trietch				Town of Mar	nsfield	Dep	uty Dir. Facility	
Mailing Address Lin	e One		Mailing	Address Line Two		Cit	y State	Zip Code
4 South Eagleville R	oad					Mansfield	СТ	06268
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Addres	s	
860-429-3322		860-487-4	1443		860-234-1854	TrietchWJ@n	nansfieldct.org	

Contact Role(s): Administrative Contact Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C				Cla	ssification	Population	Owner Type	Primary Source
CT0781243	MANSFIELD MIDDLE SCHOOL				NTNC	715	L	GW
Local Address (where applicable)		Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
205 SPRING HILL ROAD		Connections	1					

Towns Served: MANSFIELD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ne (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 8/31/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Total Coliform (3100)			3 (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/1/18 - 9/30/18		Complete
Lead And Copper (PBCU)		10 routine	RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
Physical Parameters (PPS)		1 rout	ne (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00701)			
Nitrate (1040)		1 rout	ne (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - 1, 3, 4 (3)	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Nitrite (1041)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - 1, 3, 4 (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Inorganic Chemicals (IOCS)		1 routine	RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - 1, 3, 4 (3)	1/1/17 - 12/31/19		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source			
CT0781243	MANSFIELD MIDDLE SCHOOL				NTNC	715	L	GW			
Local Address	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural				
205 SPRING HI	Connections	1									

Towns Served: MANSFIELD

Towns Served: MANSFIELD					
Monitoring	g Requirements				
Water System Facility: ENTRY POINT (WSF ID: 00701)					
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
	1/1/20 - 12/31/22				
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1	(RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
EP - 1, 3, 4 (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
EP - 1, 3, 4 (3)	1/1/20 - 12/31/22				
Organic Chemicals (VOCS)		1 routine	(RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
EP - 1, 3, 4 (3)	1/1/17 - 12/31/19				
	1/1/20 - 12/31/22				
Water System Facility: WELL (WSF ID: 10377)					
E. Coli (3014)		1 trigge	ered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
WELL (2)	8/3/18 - 8/9/18		·		
E. Coli (3014)		1 trigge	ered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period			
WELL (2)	8/8/18 - 8/14/18		·		
Water System Facility: WELL 3 (WSF ID: 53984)					
E. Coli (3014)		1 trigge	ered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
WELL 3 (2)	8/3/18 - 8/9/18		•		
E. Coli (3014)		1 trigge	ered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
WELL 3 (2)	8/8/18 - 8/14/18		•		
Water System Facility: WELL 4 (WSF ID: 53986)	, , , ,				
E. Coli (3014)		1 trigge	ered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
WELL 4 (2)	8/8/18 - 8/14/18		,		
	liance Schedules				
Compliance Schedule Activity	Due Date	Achieved D	ate		
CROSS CONNECTION SURVEY REPORT	3/1/2020				
Water System Facility a		ventory			
Water	Jannem 9 , om 1	Total Lead and			
System Water System Facility Sampling Point Samp	oling Point	Coliform Copper	Stage		
Facility ID	vintian.	Dula Dula Tian	4.4.4.4.4.4.00.0.000		

Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR

00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID PWS Name CI			Cla	ssification	Population	Owner Type	Primary Source	
CT0781243	MANSFIELD MIDDLE SCHOOL				NTNC	715	L	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
205 SPRING HILL ROAD		Connections	1					

Towns Served: MANSFIELD

		Water System Facili	ty and Sampling P	oint Ir	ventor	ſy		
Water System Facility ID	Water System Facility	Sampling Point	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MMS03	LADIES ROOM SINK 2F	Α	Υ	2		
		MMS04	MEN'S ROOM SINK 2F	Α	Υ	2		
		MMS120	LIBRARY WORKROOM OFC	Α	Υ	2		
		MMS121	MENS ROOM SINK OFC	Α	Υ	2	Υ	Υ
		MMS122	WOMENS ROOM SINK OFC	Α	Υ	2	Υ	Υ
		MMS14	CLASSROOM SINK 208	Α	Υ	2		
		MMS34	LAB SINK 1F	Α	Υ	2		
		MMS35	MENS BEFORE LIBRARY	Α	Υ	2		
		MMS36	NURSES OFFICE	Α	Υ	2	Υ	Υ
		MMS57	PREP SINK	Α	Υ	2		
		MMS62	KITCHEN HAND WASH SI	Α	Υ	2		
		MMS64	POT WASH SINK	Α	Υ	2		
		MMS96	MENS SINK 3F	Α	Υ	2		
		MMS97	LADIES SINK 3F	Α	Υ	2		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00701	ENTRY POINT	3	EP - 1, 3, 4	Α				
10377	WELL	2	WELL	Α				
53984	WELL 3	2	WELL 3	Α				·
53986	WELL 4	2	WELL 4	Α				
53989	ATMOSPHERIC TANK							
53991	PRESSURE TANK							
53993	PUMP STATION							

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WA	TER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2020
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2019
CORSON, ALLEN	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2021

Contact Information									
Name	Organization		Job Title						
Mr. Gordon Schimmel	Mansfield Public Schools	Superinten	Superintendent						
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code					
40 45 1 41 0 1		<u>.</u> .	-	00000000					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

C	onnectic	ut Depa	rtme	nt of	Public	Health	n Dri	nking	Water	Se	ction		
	Wa	ter Qual	lity M	Ionito	oring a	nd Con	nplia	ance S	chedul	e			
PWS ID P	WS Name						Classi	fication	Population	Own	er Type	Prir	mary Source
CT0781243 N	IANSFIELD MID	DLE SCHOOI	L				N	TNC	715		L		GW
Local Address (who	ere applicable)				Service	Resider	dential Comr		al Industri	al	Combin	ed	Agricultural
205 SPRING HILL R	OAD				Connection	ns 1							
Towns Served: MA						1							
4 South Eagleville								Storrs			CT	U	268-2222
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phon	e Email A	Email Address				
860-429-3350		860-429-3	3379					schimn	nel@neca.co	om			
Contact Role(s): L	egal Contact												
Name Organization										Job Titl	е		
Mr. Frederick A. B	aruzzi			Ma	ansfield Pub	lic Schools			Superinte	nden	t		
Mailing Address Li	ne One		Mailing	Address	Line Two	ine Two			City		State		Zip Code
4 South Eagleville	Road							Storrs I	Storrs Mansfield		CT		06268
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phon	e Email A	ddress				
860-429-3350		860-429-3	3379			860-429	-3350	baruzzi	fa@mansfie	eldct.	org		
Contact Role(s):	Owner												
Name				Org	ganization						Job Titl	e	
Mr. Bill J. Trietch				To	wn of Mans	field			Deputy D	ir. Fac	cility		
Mailing Address Li	ne One		Mailing	Address	Line Two				City		State		Zip Code
4 South Eagleville	Road							Mansfi	eld		СТ		06268
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phon	e Email A	ddress				
860-429-3322		860-487-4	1443			860-234	-1854	Trietch	WJ@mansfi	ieldct	.org		
Contact Role(s):	dministrative	Contact											

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

PWS ID PWS Name CI			Cla	ssification	Population	Owner Type	Primary Source	
CT0781253	ANNIE E. VINTON SCHOOL				NTNC	313	L	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
306 STAFFORD ROAD		Connections	1					

Towns Served: MANSFIELD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
Lead And Copper (PBCU)		10 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water Quality Parameters (WQPD)		2 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18		Complete
Water System Facility: ENTRY POINT - WELLS 2 & 4 (WSF ID	: 00701)		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 4 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 4 (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 2 & 4 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID PWS Name CI			Cla	ssification	Population	Owner Type	Primary Source	
CT0781253 ANNIE E. VINTON SCHOOL					NTNC	313	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
306 STAFFORD	ROAD	Connections	1					

Towns Served: MANSFIELD

Monitoring Requirements									
Water System Facility: ENTRY POINT - WELLS 2 & 4 (WSF II	Water System Facility: ENTRY POINT - WELLS 2 & 4 (WSF ID: 00701)								
Organic Chemicals (VOCS)	OCS) 1 routine (RT) per three year								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
EP - WELLS 2 & 4 (3)	1/1/17 - 12/31/19								
	1/1/20 - 12/31/22								
Water Quality Parameters - Basic (WQP1)		2 routine (RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
EP - WELLS 2 & 4 (3)	1/1/16 - 12/31/18		Complete						

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION SURVEY REPORT
 3/1/2024

	Water :	System Facili	ty and Sampling P	oint In	ivento	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		4-1	ROOM 11 SINK	Α	Υ	2			
		4-2	ROOM 17 SINK	Α	Υ	2			
		4-3	BREAK ROOM SINK	Α	Υ	2			
		4-4	ROOM 2 SINK	Α	Υ	2			
		4-5	GIRL S RESTROOM	Α	Υ	2			
		4-6	NURSE'S OFFICE	Α	Υ	2	Υ	Υ	
		4-7	KIT SINK BY BACKDOOR	Α	Υ	2			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00701	ENTRY POINT - WELLS 2 & 4	3	EP - WELLS 2 & 4	Α					
48152	WELL #2	2	WELL #2	Α					
53655	WELL #4	2	WELL #4	Α					
53657	ATMOSPHERIC STORAGE TANK								
53659	BLADDER TANKS								
53671	PUMP STATION								

	certified Operator information
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID: 00600)
Facility Classification: SN	IALL WATER SYSTEM

denity classification. Siville VV	/ (I E I (S I S I E I V I		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KEARNEY, THOMAS	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020
		WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2020
PALAZZI, PAUL	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2019
CORSON, ALLEN	ASSIGNED OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2021

Cartified Operator Information

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0781253 ANNIE E. VINTON SCHOOL					NTNC	313	L	GW		
Local Address (w	Service	Residen	esidential Cor		Commercial Industria		ed Agricultural			
306 STAFFORD R	Connections	1								

Connecticut Department of Public Health Drinking Water Section

			C	Contact Inf	ormation				
Name				Organization	า			Job Title	
Town of Mansfield	School Syster	n							
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
4 So Eagleville Rd						Mansfiel	Mansfield CT 06		
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	E Email Address			
Contact Role(s): O	wner								
Name Organization					า	Job Title			
Mr. Frederick A. Ba	ruzzi			Mansfield Pu	ublic Schools		Superintend	dent	
Mailing Address Lin	e One		Mailing Add	dress Line Two		City State Zip Co			Zip Code
4 South Eagleville R	oad					Storrs M	ansfield	СТ	06268
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	dress		
860-429-3350		860-429-3	379		860-429-3350	baruzzifa	@mansfield	lct.org	
Contact Role(s): Le	egal Contact, (Owner							
Name				Organization	า			Job Title	
Mr. Bill J. Trietch				Town of Ma	nsfield		Deputy Dir.	Facility	
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
4 South Eagleville R	oad					Mansfiel	d	СТ	06268
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address			
860-429-3322		860-487-4	443		860-234-1854	TrietchWJ@mansfieldct.org			
Contact Role(s): A	dministrative	Contact							

Please note the following:

Towns Served: MANSFIELD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0781263	OAK GROVE MONTESSORI SCHOOL				NTNC	77	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
132 PLEASANT V	/ALLEY	Connections	1					

Towns Served: MANSFIELD			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 rd	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/17	6/1-9/30	Complete
	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		_
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Do	epartment of	Public I	Health	Drin	king V	Water	Section	
		uality Monit				_			
PWS ID	PWS Name	<i>(</i>	0 - 1 - 2		•			Owner Type P	rimary Source
CT078126	OAK GROVE MONTESSO	ORI SCHOOL			NTN	С	77	Р	GW
Local Add	ress (where applicable)		Service	Residen	tial Com	mercial	Industria	al Combined	I Agricultural
132 PLEAS	SANT VALLEY		Connections	1					
Towns Sei	rved: MANSFIELD			,				1	
		Monito	oring Req	uireme	nts				
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700)							
Organic	Chemicals (VOCS)						1 rou	tine (RT) per	three years
Sam	pling Point (Sampling Point ID))		Monitori	ing Period	d Coll	ection Pe	riod Compl	iance Status
ENTF	RY POINT (3)			1/1/17 -	12/31/19)			
				1/1/20 -	12/31/22	<u>!</u>			
		Other C	omplianc	e Sched	lules				
Complian	ce Schedule Activity				Due Date	,	Achie	ved Date	
SUBMIT L	EAD CONSUMER NOTICE CERTI	FICATE		1	2/29/201	8			
CROSS CO	NNECTION EXEMPTION				3/1/2019				
	Wate	er System Facili	ty and Sa	mpling	Point	Inven	tory		
Water						Tota		and	
System	Water System Facility	Sampling Point		int		Colifo			Stage
Facility ID		ID .	Description		Stati			Tier Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	1	NURSES SINI		P	Y	2		
		2	DRINKING F	DUNTAIN	Р	Y	2		
		3	KITCHEN		Р	Υ	2		
		4	SINK 3-6		Α	Y	2		
		5	STAFF BATH		Р	Y	2		
		6	BOYS BATHE		Р	Υ	2		
		7	GIRLS BATH		Р	Υ	2		
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SE		N A				
00700	ENTRY POINT	3	ENTRY POIN	Т	Α				
10379	WELL	2	WELL		Α				
		Certified	Operator	Inform	ation				
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Facility Cl	assification: SMALL WATER SY	STEM							Certification
Operator	Name	Operator Typ	е (Certificatio	on(s)				Expiration
STAVENS,	JOEL	CHIEF OPERATO	OR S	MALL WA	TER SYST	EM OPER	RATOR		6/30/2020
		Con	tact Infor	mation					

Operator Name Operator Type Certification(s) STAVENS, JOEL CHIEF OPERATOR SMALL WATER SYSTEM OPERATOR Contact Information Name Organization Job Title Ms. Cindy Henry Oak Grove Montessori School Administrative Assis		· · · · · · · · · · · · · · · · · · ·							
STAVENS, JOEL CHIEF OPERATOR SMALL WATER SYSTEM OPERATOR Contact Information Name Organization Oak Grove Montessori School Mailing Address Line One Mailing Address Line Two City State	Facility Classification: SMALL WAT	ER SYSTEM						Certification	
Contact Information Name Organization Job Title Ms. Cindy Henry Oak Grove Montessori School Administrative Assis Mailing Address Line One Mailing Address Line Two City State	Operator Name	Operator Ty	Type Certification(s)				Expiration		
Name Organization Job Title Ms. Cindy Henry Oak Grove Montessori School Administrative Assis Mailing Address Line One Mailing Address Line Two City State	STAVENS, JOEL	CHIEF OPERAT	OR SMA	ALL WATER SYST	TEM OPERA	ATOR		6/30/2020	
Ms. Cindy Henry Oak Grove Montessori School Administrative Assis Mailing Address Line One Mailing Address Line Two City State		Col	ntact Inform	ation					
Mailing Address Line One Mailing Address Line Two City State	Name	(Organization	Job Title					
	Ms. Cindy Henry	(Oak Grove Montessori School Ad			Administrative Assis			
132 Pleasant Valley Road Mansfield CT	Mailing Address Line One	Mailing Addre	dress Line Two		City		State	Zip Code	
	132 Pleasant Valley Road				Mansfield		СТ	06250	

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-456-1031 860-456-2907

Contact Role(s): Legal Contact

(Connectic	ut Depai	rtment	t of F	Public H	Health	Drin	nking	Water	Section			
	Wat	ter Qual	ity Mo	nito	ring an	d Con	nplia	nce S	chedul	e			
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Source		
CT0781263	OAK GROVE MO	NTESSORI SC	HOOL				NT	NC	77	Р	GW		
Local Address (wh	nere applicable)			S	ervice	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural		
132 PLEASANT VALLEY				C	Connections	1							
Towns Served: M	ANSFIELD									-			
Name				Orga	anization					Job Title	e		
Ms. Susan Angeli	des			Oak	Oak Grove Montessori School Head of School								
Mailing Address L	ine One		Mailing Ad	dress L	ine Two				City	State	Zip Code		
132 Pleasant Valle	ey Rd							Mansfi	eld Center	СТ	06250		
Business Phone	Extension	Fax	N	Mobile	Phone E	mergency	/ Phone	Email Address					
860-456-1031		860-456-2	907			860-235	-7096	susan@	san@ogms.org				
Contact Role(s):	Administrative	Contact, Lega	al Contact										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name CI				Cla	ssification	Population	Owner Type	Primary Source
СТ0787023	COMMUNITY CHILDRENS CENTER INC.				NTNC	52	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
797 MANSFIELD	CITY ROAD	Connections			1			

Towns Served: MANSFIELD			1
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	1/1/14 - 12/31/22		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Di(2-Ethylhexyl) - Phthalate (2039)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		
	1/1/19 - 12/31/19		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>							
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0787023	COMMUNITY CHILDRENS CENTER INC.				NTNC	52	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
797 MANSFIELD	CITY ROAD	Connections			1			

Towns Served: MANSFIELD

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Organic Chemicals (VOCS)	1 routine (RT) per three years							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/20							

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
RESPOND TO SANITARY SURVEY	4/20/2005						
CROSS CONNECTION EXEMPTION	3/1/2020						

1/1/21 - 12/31/23

	Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		CCC001	TODDLER ROOM FRONT	Α	Υ	N				
		CCC002	KITCHEN SINK	Α	Υ	N				
		CCC003	STAFF BATH	Α	Υ	N				
		CCC004	PRESCHOOL SINK	Α	Υ	N				
		CCC005	BACK TODDLER LEFT	Α	Υ	N				
		CCC006	BACK TODDLER RIGHT	Α	Υ	N				
		CCC007	PRESCHOOL BATH	Α	Υ	N				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
48709	WELL #1	2	WELL #1	Α						
48711	BLADDER TANK									

40711 BEABBERTAIN								
Certified Operator Information								
Water System Facility: DISTRII	BUTION SYSTEM (WSF ID: 00600	0)						
Facility Classification: SMALL WAT	TER SYSTEM		Certification					
Operator Name	Operator Type	Certification(s)	Expiration					
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021					
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020					
NIGRO, SCOTT A.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020					
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2019					
Contact Information								

Contact Information								
Name	Organization			Job Title				
Ms. Zhou Shengli	Community Childrens Center			President/Chair				
Mailing Address Line One	Mailing Addr	ess Line Two			City	State	Zip Code	
371 Fairfield Rd Unit 2157				Storrs		СТ	06268	
Rusiness Phone Extension Fav	Mc	hile Phone	Emergency Phone	Email Ac	ldress			

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(Connectio	cut Depa	rtment of	Public	Health	Drin	king	Water	Section		
	Wa	iter Qua	lity Monite	oring a	nd Con	nplia	nce S	chedul	e		
PWS ID F	PWS Name									Primary Source	
СТ0787023	COMMUNITY C	HILDRENS CE	NTER INC.			NT	NC	52	Р	GW	
Local Address (wh	nere applicable)		Service	Residen	tial Co	mmercia	l Industri	al Combine	ed Agricultural	
797 MANSFIELD C	CITY ROAD			Connection	ns		1				
Towns Served: M	ANSFIELD	Lav							·		
860-456-7171	EXTENSION	Tux	IVIODII	e i none	Linergency	THORIC	comm.	childrens.ct	r@snet.net		
Contact Role(s):	Legal Contact.	Owner							<u>C</u> 00101		
Name	,		Or	ganization					Job Title	<u>.</u>	
Ms. Lisa Dahn Community Children					hildren Cent	ter		Director			
Mailing Address Line One Mailing Address Li			Line Two				City	State	Zip Code		
797 Mansfield Cit	y Rd						Storrs		СТ	06268	
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress			
860-456-7171					860-933-	8900	directo	or@communitychildrenscenter.org			
Contact Role(s):	Administrative	Contact									
Name			Or	ganization			Job Title			9	
Community Child	rens Center In	С									
Mailing Address L	ine One		Mailing Address	Line Two	City State 2			Zip Code			
797 Mansfield Cit	y Rd P. O. Box	108					Mansfie	eld	CT	06268	
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress			
860-456-7171							comm.	childrens.ct	rsnet.net		
Contact Role(s):	Legal Contact,	Owner									
Name				ganization		Job Title				9	
Ms. Katherine Va	llo		Со	mmunity Ch	hildrens Cer	nter Inc		President	/Chair		
Mailing Address L	ine One		Mailing Address	Line Two			City State			Zip Code	
72 Tolland Green				-			Tolland		СТ	06268	
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress			
860-456-7171											
Contact Role(s):	Legal Contact										

Please note the following:

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End of schedule